

SEC 1972 (6/99) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

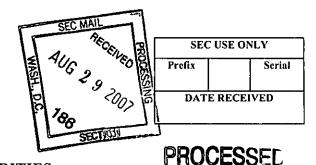
ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

> OMB APPROVAL OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response... 16.00

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

SEP 0 5 2007 THOMSON FINANCIAL

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Convertible Notes Filing Under (Check box(es) that apply): [X] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE Type of Filing: [X] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) ekkoTV, Inc. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 14 Reach Avenue, Oreland, PA 19075 (267) 334-3825 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)(if different from Executive Offices)

Brief Description of Business
Providing video-based discussion platform over the Web.
Type of Business Organization
[X] corporation [] limited partnership, already formed [] other (please specify):
[] business trust [] limited partnership, to be formed
Month Year
Actual or Estimated Date of Incorporation or Organization: [0][1] [0][7] [X] Actual [] Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [D][E]
GENERAL INSTRUCTIONS
F'ederal:
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or
15 U.S.C. 77d(6),
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S.
Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed
rnust be photocopies of manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any
changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and
the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.
State:
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have
adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state
where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper
amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice
constitutes a part of this notice and must be completed.
ATTENTION Failure to file potice in the convenient states will not result in a less of the foderal promotion. Convenient failure to file the convenient foderal notice will not result in a less of the foderal promotion.
Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice. Potential persons who are to respond to the collection
of information contained in this form are not required to respond unless the form displays a currently valid OMB control number
A. BASIC IDENTIFICATION DATA
2. Enter the information requested for the following:
• Each promoter of the issuer, if the issuer has been organized within the past five years;
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of
equity securities of the issuer;
Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership
issuers; and
Each general and managing partner of partnership issuers.
The state of the s
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or
Managing Partner Managing Partner
Full Name (Last name first, if individual)
Sternthal, Andrew
Business or Residence Address (Number and Street, City, State, Zip Code)
44 Banah Avanua Oraland DA 40075
14 Reach Avenue, Oreland, PA 19075 Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or
Check Box(es) that Apply: [] Promoter [X] Beneficial Owner [X] Executive Officer [X] Director [] General and/or Managing Partner
Full Name (Last name first, if individual)
run Name (Cast name mist, ii mulvidual)
Greenbaum, Yair
Business or Residence Address (Number and Street, City, State, Zip Code)
- admitted of free admitted framities and entrest, entry entry, entres to be entrested as
19 Fernwood Road, #1, Maplewood, NJ 07040
The state of the s

Check Box(es) that Apply: [] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				manuaging i ai ai ai
Leon, Daniel	101 101 011			
Business or Residence Address (Number	r and Street, City, State, 2	Zip Code)		
7133 Beach Tree Drive, Oaks, PA				
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	r and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				Managing Partier
Business or Residence Address (Number	r and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)		
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply: [] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if individual)	****			
Business or Residence Address (Number	and Street, City, State, 2	Zip Code)		
,		. ,		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

-						B. INFOR	RMATION	ABOUT	OFFER	ING				
1. Has	the issu	er sold, d	or does t	he issue	r intend (to sell, to	поп-асс	redited	investor	s in this	offering?		Yes [X]	No []
										nder ULO				
What is the minimum investment that will be accepted from any individual? Does the offering permit joint ownership of a single unit?						\$ <u>5,000</u> Yes	No.							
u. Duçe	, the one	ering per	iiiit joiiit	Official	iip oi a s	ingle un	14 [••••••••					[X]	1 1
													tly, any o	commission o
														to be listed is of the broker
														n the informat
for that	broker	or deale	r only.								,	,,		
Full Na	me (Las	t name fi	irst, if ind	lividual)										
	N/A													
Busine	ss or Re	sidence	Address	(Numbe	r and St	reet, City	, State, Z	ip Code)				-	
Name o	of Assoc	iated Br	oker or D	ealer										
			Listed H						rs		l C4=4==			
(Cneck [AL]	[AK]	ites or c	heck ind [AR]	(CA)	cates) [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	I States [HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[TM]	(NE)	[NV]	[NH]	[NJ]	[MM]	[YN]	[NC]	[ND]	(HO	įοκj	įorj	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
			Address	·	r and Sti	reet, City	, State, Z	ip Code)		• • • • • • • • • • • • • • • • • • • •			
Name o	of Assoc	iated Br	oker or D	ealer										
			Listed H								l States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
(וב <u>ן</u>	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
(RI)	[SC]	(SD)	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		· · · · · · · · · · · · · · · · · · ·
ruii Na	me (Las	t name n	irst, if inc	iividuai)										
Busine	ss or Re	sidence	Address	(Numbe	r and St	reet, City	, State, Z	ip Code)					
Name o	of Assoc	iated Br	oker or D	ealer										
			Listed H							f 1.4	l C4=4==			
(Cneck [AL]	[AK]	(AZ)	heck ind [AR]	iividuai s [CA]	ctates) [CO]	[CT]	(DE)	[DC]	[FL]	[] AI [GA]	I States [HI]	[ID]		
[IL]	[N]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]		
[MT]	[NĒ]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTOR: 1. Enter the aggregate offering price of securities included in this offer		
"none" or "zero." If the transaction is an exchange offering, check this	ng and the total amount a	columns below the amounts of the
securities offered for exchange and already exchanged.	DOX 2 and indicate in the	Columns below the amounts of the
• • • • • • • • • • • • • • • • • • • •		
Type of Security	Aggregate	Amount Already
	Offering Price	Sold
Debt	e	•
Equity	*	-
[] Common [] Preferred	Φ	4
Convertible Securities (including warrants)	\$ <u>50,000</u>	\$ <u>20,000</u>
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$50,000	\$20,000
Answer also in Appendix, Column 3, if filing under ULOE.		
2 Enter the number of accordited and non-accordited investors who had		! Al.
2. Enter the number of accredited and non-accredited investors who had ollar amounts of their purchases. For offerings under Rule 504, indicated the second		
the aggregate dollar amount of their purchases on the total lines. Enter		
the aggregate donar amount of their purchases on the total lines. Effect	U II aliswel is lione t	or zero.
		Aggregate
		Dollar Amount
	Number Investors	of Purchases
		3
Accredited Investors	0	\$ 0
Non-accredited Investors	3	\$20,000
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under Rule 504 or 505, enter the information of the types indicated, the twelve (12) months prior to the first listed in Part C-Question 1.		
		Dollar Amount
Type of offering	Type of Security	Sold
7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Rule 505		\$
Regulation A		\$
Rule 504	convert, debt	\$ <u>50,000</u>
Total		\$ <u>50,000</u>
4. a. Furnish a statement of all expenses in connection with the issuance	re and distribution of the	securities in this offering. Exclude
amounts relating solely to organization expenses of the issuer. The inf		
amount of an expenditure is not known, furnish an estimate and check	the box to the left of the	estimate.
Transfer Agent's Fees		•
Printing and Engraving Costs		<u> </u>
Legal Fees		\$3,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)		\$
Total	[X]	\$ <u>3,000</u>
b. Enter the difference between the aggregate offering price given in re		
Question 1 and total expenses furnished in response to Part C - Questi		
is the "adjusted gross proceeds to the issuer."		\$47,000

Page	6	of	

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

			Officers, Directors, & Affiliates	Payments 1 Others	Го
Salaries and fees	•••••	済 \$ <u>20</u> ,	,000	[]\$	
Purchase of real estate		[] \$		[]\$ []\$	
Purchase, rental or leasing and installation of mach					
and equipment		. [].		[]\$	
Construction or leasing of plant buildings and facili Acquisition of other businesses (including the value		[] <u>4</u>		[]3	
securities involved in this offering that may					
exchange for the assets or securities of an					
pursuant to a merger)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[]\$		[]\$	
Repayment of indebtedness		[]\$		[]\$	
Working capital	+marra?	[]\$		[]\$_ X \$ 27,000	
Other (specify): Lechnology development;	LIAVEL	[]\$		[4] \$ 27,000	
		£13		[]\$	
		rı 4		114	
Column Totals		[x] \$ <u>2</u> (000	[X] \$_27,000	
Total Payments Listed (column totals added)	•••••••	Ď	k] \$ <u>47,000</u>	l	
The issuer has duly caused this notice to be signed the following signature constitutes an undertaking I written request of its staff, the information furnished 502.	by the issuer to f	ned duly authoriz urnish to the U.S.	Securities and	I Exchange Cor	nmission, upon
Issuer (Print or Type)	Signature				Date
ekkoTV, Inc.	Yair C	reenbur	n		08/22/2007
Name of Signer (Print or Type)	Title of Signer (Pri	nt or Type)		-	<u> </u>
Yair Greenbaum	C.O.O				

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

Payments to

END